

10/3

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/596695

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/					51					
2	/		/					52					
3	/		/					53					
4	/		/					54					
5	/		/					55					
6	/		/					56					
7	/		/					57					
8	/		/					58					
9	/		/					59					
10	/		/					60					
11	/		/					61					
12	/		/					62					
13	/		/					63					
14	/		/					64					
15	/		/					65					
16	/		/					66					
17	/		/					67					
18	/		/					68					
19	/		/					69					
20	/		/					70					
21	/		/					71					
22	/		/					72					
23	/		/					73					
24	/		/					74					
25	/		/					75					
26	/		/					76					
27	/		/					77					
28	/		/					78					
29	/		/					79					
30	/		/					80					
31	/		/					81					
32	/		/					82					
33	/		/					83					
34	/		/					84					
35	/		/					85					
36	/		/					86					
37	/		/					87					
38	/		/					88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.								TOTAL IND.					
TOTAL DEP.								TOTAL DEP.					
TOTAL CLAIMS								TOTAL CLAIMS					

2013

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

111

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	101							151					
102								52					
3								53					
4								54					
5								55					
6								56					
7								57					
8								58					
9								59					
10								60					
11								61					
12								62					
13								63					
14								64					
15								65					
16								66					
17								67					
18								68					
19								69					
20								70					
21								71					
22								72					
23								73					
24								74					
25								75					
26								76					
27								77					
28								78					
29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.								TOTAL IND.					
TOTAL DEP.								TOTAL DEP.					
TOTAL CLAIMS								TOTAL CLAIMS					

3463

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
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10/596695

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	201							51					
202								52					
203								53					
204								54					
205								55					
206								56					
207								57					
208								58					
209								59					
210								60					
211								61					
212								62					
213								63					
214								64					
215								65					
216								66					
217								67					
218								68					
219								69					
220								70					
221								71					
222								72					
223								73					
224								74					
225								75					
226								76					
227								77					
228								78					
229								79					
230								80					
231								81					
232								82					
233								83					
234								84					
235								85					
236								86					
237								87					
238								88					
239								89					
240								90					
241								91					
242								92					
243								93					
244								94					
245								95					
246								96					
247								97					
248								98					
249								99					
250								100					
<b>TOTAL IND.</b>								<b>TOTAL IND.</b>					
<b>TOTAL DEP.</b>								<b>2</b>					
<b>TOTAL CLAIMS</b>								<b>65</b>					
								<b>65</b>					
								<b>65</b>					
								<b>65</b>					